



DATE: December 3, 2002

TO: Medicare + Choice Organizations

FROM: Gary A. Bailey, Director, Health Plan Benefits Group
Bob Donnelly, Director, Health Plan Policy Group

SUBJECT: Clarification of CMS Requirements for Submission of Summary Appeal Data to CMS

In Operational Policy Letter (OPL) 2001.132, CMS indicated that M+COs must submit summary-level appeal data, as referenced in 42 CFR Sections 422.111(c) and 422.502(f)(2)(v), to CMS' Health Plan Management System (HPMS), which included 15 of the same data elements that M+COs currently report to beneficiaries upon request. After receiving input from M+COs and trade associations about the burden that this data submission would impose, CMS eliminated the requirement. Thus, M+COs are not required to submit appeal data to CMS' HPMS. CMS informed the trade associations in 2001 about the decision to withdraw this requirement; however, CMS recently learned that some M+COs were not clear about the decision. Therefore, this letter is being sent to help clarify any confusion.

Although M+COs do not have to report appeal data in HPMS, CMS has not relaxed other requirements concerning M+CO appeal and grievance data disclosure (as explained in OPL 99.081, M+CO Appeal and Grievance Data Disclosure Requirements), or any other appeal data submission requirements. M+COs are still required to inform beneficiaries that aggregate appeal and grievance data are available, at the time of enrollment and annually thereafter (as required by 42 CFR Section 422.111(b)(8) and evaluated in element MR03 of the Restructured Medicare+ Choice Monitoring Guide, version 1). Also, M+COs must provide this information to beneficiaries upon request (as required by 42 CFR Section 422.111(c) and evaluated in element MR04 of the Restructured Medicare+ Choice Monitoring Guide, version 1).

Any questions about the contents of this letter should be directed to Brandon Bush at (410)786-0228 or bbush@cms.hhs.gov.

Thank you.

Cc: AAHP
BCBSA
HIAA
CMS Regional Offices